



Iowa Department of Human Services

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# Your Guide to Medicaid



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# Your Guide to Medicaid

## Part I: Basic Medicaid Information

This guide tells you what Medicaid covers (pays for) and how to use the program.

- Keep this guide! Use it to learn more about your Medicaid benefits.

### Your Medical Assistance Eligibility Card

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All members receive a new *Medical Assistance Eligibility Card*, form 470-1911.

- ◆ Keep your card until you receive a new one.
- ◆ Always carry your card with you and don't let anyone else use it.
- ◆ Show your card to the provider every time you get care.
- ◆ If you lose your card, call Member Services to ask for a new one.

**Member Services: 1-800-338-8366**

**Member Services in the Des Moines area: 1-515-256-4606**

### Retroactive Medicaid Eligibility

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You may qualify for Medicaid for up to three months before the month you applied. These months are called the “retroactive period.”

You can qualify for retroactive benefits only if **all** of these statements are true:

- ◆ You have medical bills for services that you received during the retroactive period. (The bills can be paid or unpaid.)
- ◆ The bills are for services covered by Medicaid.
- ◆ You would have qualified for Medicaid in the months you got services, if you had applied.

There are two exceptions:

- ◆ The IowaCare coverage group allows only one retroactive month, which is the month before the month of your application.
  - ◆ These groups do **not** allow retroactive benefits:
    - Iowa family planning network (IFPN)
    - Home- and community-based services waiver
    - Program for all-inclusive care for the elderly (PACE)
    - Qualified Medicare beneficiary (QMB)
- Call your local Department of Human Services (DHS) office if you think you or a family member qualifies for retroactive Medicaid.

## Who Can Provide Services

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### Providers

With Medicaid, you will choose your own providers. Follow these steps:

1. To search for a provider, you can go to:  
<https://secureapp.dhs.state.ia.us/providersearch/>.
2. Choose a doctor, dentist, pharmacy, and other providers that take Medicaid.
3. Ask the providers if they take Medicaid before you make an appointment. Some providers limit their number of Medicaid patients or don't take Medicaid.
  - **Remember:** Make sure the provider understands that you are in Iowa Medicaid. If you don't say you are an Iowa Medicaid member *before* you get services—and the provider doesn't take Medicaid—you may be billed for the entire cost!
4. Show your *Medical Assistance Eligibility Card* when you get to the appointment.
5. Ask if Medicaid covers the service you need or if you will have to pay for it.

### Away from Home

If you are out of Iowa and need medical care, check to see whether the provider is enrolled with Iowa Medicaid.

A provider who is enrolled with Iowa Medicaid, must accept what Medicaid pays. Providers are not allowed to charge you for services that Medicaid covers.

If the provider does not participate in Medicaid, you will have to pay for the services.

### Managed Care

Some Medicaid members get health care through MediPASS or an HMO. Read more about MediPASS and HMOs on page 20.

### **Mental Health and Substance Abuse (Behavioral Health)**

- ◆ Read about how to get these services through the Iowa Plan on page 19.

### **Program of All-Inclusive Care for the Elderly (PACE)**

- ◆ Read about how to get these services through PACE on page 21.

## Copayments

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Some medical services have a copayment, which is your share of the cost. If there is a copayment, you will pay it to the provider. The provider will tell you how much it is.

There is a copayment:

- ◆ If federal rules require one.
- ◆ If the service is not a service Medicaid requires but the state chooses to cover it. Examples are dental services and prescription drugs.
- ◆ For emergency room service if the visit is not an emergency.

There is **no** co-payment:

- ◆ For care covered by Medicaid in a skilled nursing facility or nursing facility.
- ◆ If you are pregnant.
- ◆ If you are under age 21.
- ◆ For services provided by a health maintenance organization (HMO).

## Limits to Medicaid-Covered Services

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Limits to Medicaid-covered services include:

- ◆ Limits to coverage for abortion and sterilization  
Ask your medical provider if an abortion or sterilization is covered for you. You must sign a consent form for sterilization and then wait 30 days, except in premature delivery or if emergency abdominal surgery is performed not less than 72 hours after you sign the form. This is a federal Medicaid rule.
- ◆ Limits to coverage for organ and tissue transplants  
Only certain types of transplants are covered. For some transplants, you must get approval **before** the transplant. Your provider should know what types of transplants are covered and when approval is needed.
- ◆ **No** coverage for surgery for obesity without approval before the surgery  
Only certain types of surgeries for obesity are covered, even with approval. Your medical care provider should know what is covered. The provider will ask for the approval.
- ◆ **No** coverage for cosmetic, plastic or reconstructive surgery to improve appearance or for psychiatric purposes.
- ◆ **No** coverage for flatfoot treatment and routine foot care, such as cutting or removing corns or calluses and trimming nails.
- ◆ **No** coverage for acupuncture treatments.

## Member Responsibilities

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As a Medicaid member, you must:

- ◆ Keep all appointments you make with providers or call to cancel or reschedule. Some providers may stop seeing you if you miss one or more scheduled appointments.
- ◆ Ask **only** for medical services that are medically necessary. DHS may limit your services if you use Medicaid for services that are not necessary.
- ◆ Tell Iowa Medicaid Member Services about any changes to other health insurance coverage. Tell them if coverage ends, if you lose or get new coverage or if you change insurance companies.
- ◆ Tell your medical providers about anyone else who may be legally responsible to pay your medical bills.
- ◆ Report to Iowa Medicaid Member Services if you are injured in an accident or if you claim medical negligence for something that required medical treatment.
- ◆ Report any settlements you get from lawsuits, insurance claims or worker's compensation claims. Medicaid can be denied or canceled if you don't tell DHS about these settlements.
- ◆ If you were in a trauma-related incident, you or your representative must contact the Iowa Medicaid Enterprise (IME) Revenue Collections/Lien Recovery Unit before any documents will be released. Call **1-888-543-6742** or **1-515-256-4620** in the Des Moines area.

## Member Services Call Center

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The Member Services Call Center toll-free telephone numbers are:

**1-800-338-8366** and **1-515-256-4606** in the Des Moines area.

Call your Member Services Call Center for questions about:

- ◆ Changing your address
- ◆ Asking for a new card (except for IowaCare)
- ◆ Getting general Medicaid information
- ◆ Enrolling in Managed Health Care (MHC)
- ◆ Getting special approvals (special authorizations)
- ◆ Asking about third-party liability (TPL)

Medicaid is a “payer of last resort.” This means that any other insurance you have must be billed first.

- ◆ Billing

If you are calling about unpaid bills you think Medicaid should have covered, have these things ready when you call:

- ◆ The medical bill
- ◆ A brief description of the services provided
- ◆ The member ID number on the *Medical Assistance Eligibility Card* for the person who received the billed services

You may also write or fax the Member Services Call Center at:

**The Iowa Medicaid Enterprise**  
**Attention: Billing**  
**PO Box 36510**  
**Des Moines, IA 50315**  
**Fax number: 515-725-1351**

Or go to <http://www.ime.state.ia.us> or email us at [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us).

Contact your local DHS office:

- ◆ If you move
- ◆ If you have a change in income
- ◆ At the birth of a child
- ◆ At the death of a Medicaid member
- ◆ If you need to add an authorized caller
- ◆ To ask about Medical Assistance, Food Assistance, Family Investment Program or Child Care Assistance

Call the DHS Call Center at **1-877-347-5678**:

- ◆ If you need an IowaCare card
- ◆ To correct the spelling of your name
- ◆ To change your name because of marriage or divorce
- ◆ To update the number of persons who live in your household
- ◆ To change a date of birth or Social Security number
- ◆ To report a gain or loss in financial resources



## Appeals and Hearings

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Talk to a worker if you disagree with a decision DHS makes.

- ◆ You have the right to file an appeal asking for a hearing.
- ◆ You must file the appeal within 30 days of the date on the notice.
- ◆ Talking with your worker or DHS staff does **not** extend this time limit.

The hearings are completed by a conference call over the phone. You can present your complaint by phone during the meeting. The judge will review all the facts and find whether the decision was correct or should be changed.

You must ask for the appeal by **writing** to your local DHS office, or you may write to:

**Iowa Department of Human Services  
Appeals Section 5th Fl  
1305 E Walnut  
Des Moines, IA 50319-0114**

You may also file an appeal at <http://www.dhs.state.ia.us/forms/appealrequest.htm>.

## Part II: Basic Medicaid Benefits

### Ambulance

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When seconds count, call 911 for an ambulance. Tell the ambulance driver to take you to the nearest hospital.

But remember, Medicaid will pay for ambulance transportation to a hospital or skilled nursing facility **only** when it would be dangerous for your health for you to go on your own.

Medicaid may cover an air ambulance when a ground ambulance can't get you to care fast enough.

If an ambulance is called to your home and you decline transport, Iowa Medicaid will not pay for the charges. You may be billed and be responsible for payment.

### Birth Control and Family Planning Clinics

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Medicaid family planning services include counseling, medical exams, laboratory tests, medications and supplies for family planning. You can get these supplies from any provider who takes Medicaid or your health plan.

Medicaid covers:

- ◆ Most birth control drugs and supplies. Brand-name birth control drugs or supplies may need your doctor's approval.
- ◆ Oral contraceptives prescribed in 90-day supplies.

## **Case Management (Targeted)**

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Targeted case management makes it easier to get help with your medical care and social needs. Case management services are available to Medicaid members with:

- ◆ Mental retardation
- ◆ Developmental disabilities
- ◆ Chronic mental illness

Targeted case management services include:

- ◆ Talking to the case manager to be sure all services and living-arrangement needs are identified
- ◆ Help to make sure there is an individual comprehensive plan (ICP) that addresses the total need for services and living arrangements
- ◆ Help getting the services and living arrangements in the ICP
- ◆ Help to make sure all providers follow the ICP
- ◆ Monitoring services and living arrangements to make sure they are still appropriate
- ◆ Help getting a referral to the appropriate provider in a crisis
- ◆ Discharge-planning activities for institutionalized persons:
  - For no more than 60 days before the estimated discharge date
  - For case manager discharge activities different from the institution's discharge-planning activities

## **Chiropractic Services**

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Except for members who are pregnant or under the age of 18, Medicaid covers only this chiropractic service:

- ◆ Chiropractic Manipulative Therapy (CMT). Subluxation or misalignment of the spine that is proven by an x-ray

## **Clinics**

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Clinic services have the same coverage and limits as doctors and hospitals.

## **Dental Services**

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Dental services may include teeth cleaning, fillings, extractions, disease control, and surgery.

Dental services have these limits:

- ◆ Routine exam: 1 time every 6 months
- ◆ Teeth cleaning: 1 time every 6 months

- ◆ Bitewing x-ray: 1 time every 12 months
- ◆ Complete x-ray: 1 time every 5 years, unless there is a need
- ◆ Crown: 2 crowns 1 time a year, nonprecious metal
- ◆ Sealant: only 1 time per tooth
- ◆ Dentures: 1 time every 5 years
- ◆ Complete exam: only once per dental provider

This is a more thorough exam done if you have never been to that dentist or have not been to the dentist in 3 years.

- Contact your local I-Smile Coordinator if you need help finding a dentist who will see your child under 21 years of age. You can find your I-Smile Coordinator by calling **1-866-764-5315** toll-free or going to <http://www.idph.state.ia.us/webmap/default.asp?map=ismile>.

## **Doctor Visits**

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Medicaid covers these services performed in an office, clinic, hospital, your own home or other places:

- ◆ Medical and surgical services
- ◆ Diagnostic tests
- ◆ X-rays
- ◆ Treatment procedures
- ◆ Physical exams once a year with basic lab tests for members, including children and newly settled refugees, if they qualify

Limits to these services are listed on page 3.

## **Emergency Room Care**

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Go to an emergency room when you have a serious medical problem and it's not safe to wait.

Examples of true emergencies are:

- ◆ Heavy bleeding
- ◆ Chest pain
- ◆ Trouble breathing
- ◆ Bad burns
- ◆ Broken bone
- ◆ Choking
- ◆ Blacking out (fainting)
- ◆ Suddenly unable to move or speak
- ◆ Poisoning

There is **no** copay when the member is:

- ◆ In need of emergency service, or
  - ◆ Admitted to a hospital for inpatient stay, or
  - ◆ Under age 21, or
  - ◆ Pregnant, or
  - ◆ Receiving family planning services
- Members may have a copayment when the visit is not for a true emergency. Also, members on MediPASS may be billed for emergency room visits that are not a true emergency if they do not have a referral from their primary care physician.

## **Eye Exams and Eyeglasses**

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Vision services may include eye exams, glasses, repairs to glasses and visual aids. Covered services include:

- ◆ Lens correction
  - ◆ Protective lenses
  - ◆ New frames
  - ◆ Safety frames
  - ◆ Contact lenses
  - ◆ Replacement glasses
  - ◆ Vision exams
- Contact Member Services for more information on eye care services.

## **Hearing Services**

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Medicaid covers hearing tests and will pay for hearing aids, batteries, supplies and repairs if you need hearing aids.

Hearing services have these limits:

- ◆ Hearing aids: 1 time every 4 years per ear
- ◆ Hearing exams: 1 time every 4 years per ear

## **Home Health Care**

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Home health services can be given in the member's home by a Medicare-certified home health agency for an illness or injury.

Types of care in your home include:

- ◆ Skilled nursing care
- ◆ Physical, occupational or speech therapy

- ◆ Medical social services
- ◆ Home health aide
- To be covered by Medicaid, these services must be medically necessary to treat illness or injury and ordered by your physician.

Medicaid does **not** cover:

- ◆ Home care services to help people meet personal family and domestic needs
- ◆ Full-time nursing care at home
- ◆ Private-duty nursing services at home, except for persons up to age 21 when the care is medically necessary and pre-authorized and exceeds the benefits provided through skilled nursing and home health aides

## **Hospice Care**

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Hospice provides care to members who are terminally ill and wish to be comfortable and peaceful when they are dying. Hospice care can be given wherever the member is living.

Hospice services provided by a home health agency are covered if the agency has been certified to participate in Medicare and Medicaid.

Services can include nursing, hospice aide, social work, chaplain, volunteers, and durable medical equipment.

## **Hospital and Urgent Care**

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Medicaid covers both inpatient and outpatient hospital care, with some limits.

You may have a copayment when an emergency room visit is not for a true emergency. Go to your own doctor or to an urgent care clinic instead of an emergency room for:

- ◆ Sprained wrist or ankle
- ◆ Earache
- ◆ Cough
- ◆ Fever
- ◆ Vomiting
- ◆ Medical supplies and equipment

## **Lab and X-ray**

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Medicaid covers many lab and x-ray services. Be sure to ask whether the test is covered. If it is not covered, you will have to pay for it.

## Maternity Care and Birth Center Services

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Maternal health centers provide:

- ◆ Prenatal care (care during pregnancy)
- ◆ Health education
- ◆ Nutritional services
- ◆ Social services and case management

Birth center services provide:

- ◆ Prenatal care
- ◆ Delivery
- ◆ Postpartum care (after the birth)

## Medical Equipment and Supplies

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Medicaid may cover medical equipment and supplies that you need. Your doctor must write an order for equipment and supplies.

Examples of equipment and supplies Medicaid covers:

- ◆ Wheelchairs
- ◆ Prosthetic devices
- ◆ Bandages or wound-care supplies
- ◆ Oxygen and supplies

Medicaid does **not** cover:

- ◆ Air conditioners
- ◆ Dehumidifiers
- ◆ Blenders
- ◆ Massage devices
- ◆ Exercise equipment

## Mental Health Services (Psychologists and Social Workers)

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Mental health services are covered if they are provided by a psychologist or social worker who is employed by a hospital, a home health or rehabilitation agency, a community mental health center or a doctor. Payment goes to the person or organization that employs the psychologist or social worker.

Medicaid may pay for the services of a:

- ◆ Mental health counselor
- ◆ Marital and family counselor
- ◆ Certified drug counselor

Medicaid may also pay for covered services by a provider in private practice. See the Iowa Plan services on page 19.

## **Midwife Services**

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Covered services include prenatal, delivery, and postpartum care and other services allowed by state law.

The provider must be a Medicaid provider. The limits are the same as for doctors.

Payment will be made only to certified nurse-midwives who are advanced registered nurse practitioners. Medicaid will not pay lay nurse-midwives who are not advanced registered nurse practitioners.

## **Nursing Home Services**

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### **Medicare-Certified Skilled Nursing Facilities**

Medicaid helps with the cost of care in a nursing facility. A doctor must certify that you need nursing care, not a hospital, and that you qualify for medical assistance. The Iowa Medicaid Enterprise Medical Services Unit must confirm this. Medicaid may also cover the cost of care if you need the services of a certified skilled nursing facility.

You may keep part of your income for personal needs. The rest goes for the nursing home cost, unless the Family Investment Program (FIP) is your income source.

- Make sure you qualify both **medically** and **financially** for care in a nursing home. If you are admitted to a nursing home and later found not medically or financially eligible for medical assistance, Medicaid will not pay for any care you received.

## **Nurse Anesthetists and Nurse Practitioners**

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### **Certified Registered Nurse Anesthetists (CRNAs)**

Medicaid will pay for services allowed by state law and given by certified registered nurse anesthetists. The limits are the same as for doctors.

If a CRNA is employed by a doctor, hospital or clinic, Medicaid pays the provider that employs the CRNA. Medicaid may also pay CRNAs who are in independent practice.

### **Advanced Registered Nurse Practitioners (ARNPs)**

Medicaid will pay for services allowed by state law and given by nurse practitioners. The limits are the same as for doctors. Medicaid may directly pay nurse practitioners who:

- ◆ Are enrolled providers with Iowa Medicaid
- ◆ Practice in a specialty recognized by the Iowa Board of Nursing

## Podiatry and Orthopedic Shoes

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Medicaid covers:

- ◆ Foot surgery
- ◆ Certain prosthetic appliances for the foot

Medicaid does **not** cover:

- ◆ Treatments for flatfoot
- ◆ Routine foot care, such as clipping nails or treatment of corns and calluses

Orthopedic shoes, shoes for persons with diabetes, inserts and modifications are covered only if prescribed in writing by a doctor, a physician's assistant or an advanced registered nurse practitioner.

If you don't have a written prescription, you must pay for the shoes.

## Prescriptions and Over-the-Counter Drugs

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Most prescription drugs and some over-the-counter drugs are covered. A doctor or qualified medical practitioner must write the order or prescription. For some drugs, you must get approval from Medicaid first.

Pharmacists must give you the lowest-cost item in stock that meets your provider's order. They must also give you (or your caregiver) information about how to use any drug you receive.

For most drugs, the first prescription must be for a 31-day supply. Some prescriptions cannot be for more than a 15-day supply at first. Refills can then be up to the normal 31-day supply.

Your pharmacist may refill a prescription only when you have used 85% of the supply:

- ◆ Refills for a 30-day supply are allowed after 26 days.
  - ◆ Refills for a 90-day supply are allowed after 77 days.
- Ask your pharmacist for an exception if you need a longer supply or early refill of a drug or supply for reasons such as travel.

All birth control drugs and supplies are covered.

- ◆ If there is a generic drug, you will need approval for certain brand-name birth control drugs.
- ◆ Your pharmacist, doctor and other providers should know what is covered and what drugs need approval first.
- ◆ Oral contraceptives may be prescribed in 90-day supplies.



Prescription drugs that are **not** covered include:

- ◆ Most cough and cold medications
- ◆ Weight-loss drugs
- ◆ Drugs for cosmetic reasons such as hair growth
- ◆ Fertility drugs
- ◆ Erectile dysfunction drugs

Over-the-counter drugs are in regular packages, usually in 100-unit quantities. You may get up to a 31-day supply. You may get up to a 90-day supply of all covered medical supplies.

Covered over-the-counter drugs include:

- ◆ Aspirin
- ◆ Acetaminophen (Tylenol®)
- ◆ Multiple vitamins and minerals for pregnant and nursing women
- ◆ Multiple vitamins and minerals (with prior approval)

You must show your *Medical Assistance Eligibility Card* to your pharmacist to pay for prescription and over-the-counter drugs or supplies. If Medicaid will not pay for a drug or supply the doctor ordered, your pharmacist can explain why.

If you are not satisfied with the explanation, you may contact Iowa Medicaid Member Services. If you are still not satisfied, you can demand a formal, written notice of decision that explains your right to appeal.

## **Rural Health Clinics**

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Services provided by a rural health clinic are covered if the clinic is certified to participate in Medicare and Medicaid. Covered services can include doctor services, nurse practitioner and physician's assistant services, visiting nurse services, and other ambulatory services.

## **Therapy Services (Occupational, Physical, and Speech)**

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Therapy services are covered when the therapist is employed by a hospital, home health or rehabilitation agency, nursing home or doctor.

Services provided by occupational and physical therapists in their own independent practice are covered if the therapist is certified and participates in Medicaid.

Medicaid does not cover services of independent speech therapists.

There are yearly limits on the amount that can be paid, unless you get the services at a hospital outpatient department.

## **Tobacco Cessation (Quit Smoking)**

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You must first make an appointment with your provider. Together, you and your doctor will decide on the best plan for you.

Medicaid covers these drugs to quit smoking:

- ◆ Chantix
- ◆ Bupropion (generic for Zyban)
- ◆ Nicotine-replacement patches
- ◆ Nicotine gum

If your provider chooses Chantix, over-the-counter nicotine-replacement patches or gum, you must get Quitline Iowa counseling. Here is how to join Quitline Iowa:

1. Fill out an authorization form at your provider's office.
2. Your provider will fax the form to Quitline Iowa.
3. Quitline Iowa will contact you for information and enroll you.
4. Quitline Iowa will send a form to Iowa Medicaid for your medication.
5. Pick up your medication at your pharmacy once Iowa Medicaid approves it.

## **Transportation Services**

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### **Non-Emergency Medical Transportation (NEMT)**

Non-emergency medical transportation provides members with transportation or reimbursement (money paid back) for travel to medical, dental, pharmacy, and mental health appointments or services.

TMS is the agency that provides help with transportation.

Medicaid members who need a ride or want reimbursement for medical travel expenses through TMS must:

- ◆ Call TMS at **1-866-572-7662** at least three business days **before** the medical trip or appointment
- ◆ Give TMS your full name, state ID number, address, phone number, and trip dates
- ◆ Give TMS the name, address, phone number, and fax number of your medical provider

TMS will:

- ◆ Assess your transportation needs
- ◆ Make sure you qualify
- ◆ Make sure the medical provider is an Iowa Medicaid provider

- ◆ Make sure the service is an Iowa Medicaid covered service
- ◆ Ask for any additional information needed about the trip
- ◆ Make sure the medical trip meets the federal and state requirements for non-emergency medical transportation travel and reimbursement

TMS will give the member a confirmation number when the trip is booked.

Members who want reimbursement after the medical trip must send TMS:

- ◆ The confirmation number
- ◆ The claim form
- ◆ All receipts
- Learn more about non-emergency medical transportation at <http://www.ime.state.ia.us/members/index.html>.
- Medical transportation is **not** covered under Iowa Family Planning Network (IFPN).

### **Other Transportation Services**

Local transportation is also available for children under age 21 and pregnant women for travel to medical or dental care at local programs.

- Ask your local Care for Kids or maternal health care coordinators to arrange transportation for you.
- For contact information, call the Healthy Families Line at **1-800-369-2229**.

## **Waiver Programs**

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You may qualify for a waiver program if you need care in a medical facility but would rather stay at home or would return home if the services you need could be arranged.

Medical facilities include hospitals, nursing facilities or intermediate care facilities for individuals with mental retardation.

Iowa has seven home- and community-based services (HCBS) waiver programs:

- ◆ AIDS/HIV waiver
- ◆ Brain injury waiver
- ◆ Children's mental health waiver
- ◆ Elderly waiver
- ◆ Ill and handicapped waiver
- ◆ Intellectual disability waiver
- ◆ Physical disability waiver
- Contact the local office of the Iowa Department of Human Services to see if you qualify for a waiver program.

## **Part III: Other Program Benefits**

### **Ambulatory Surgical Centers**

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Services provided by an ambulatory surgical center are covered if the center is certified to participate in Medicare and Medicaid. Medicaid covers surgical services that are medically necessary, with the same limits as for doctor services.

### **Behavioral Health Intervention Services (BHIS)**

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BHIS services are provided through the Iowa Plan (see page 19). The services provide support, direction and teaching interventions in a community-based or residential group-care environment. Services are designed to improve the adult or child's level of functioning related to a mental illness. The main goal is to help the member and the member's family to learn age-appropriate skills to manage behavior and have self-control.

### **Children's Services**

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#### **Early and Periodic Screening, Diagnosis and Treatment (EPSDT) "Care for Kids"**

EPSDT covers health screening for children up to the age of 21 who get Medicaid. Medicaid will cover any follow-up services needed as a result of the screening.

A complete screening examination includes:

- ◆ Health and developmental history
  - ◆ Well child physical examination and measurements
  - ◆ Vision and hearing screening
  - ◆ Oral (mouth) health assessment
    - Children over the age of 12 months should see a dentist.
  - ◆ Mental health and nutritional assessment
  - ◆ Lab tests
  - ◆ Immunizations (shots)
  - ◆ Health education
- For help finding a provider, making an appointment or getting transportation, call the Healthy Families Line at **1-800-369-2229**.

## **Infant and Toddler Services**

Medical services are provided through the Early Access program. These services are covered for children ages 0 through 3:

- ◆ Developmental assessments
- ◆ Audiology (hearing)
- ◆ Nursing
- ◆ Nutrition
- ◆ Occupational and physical therapy
- ◆ Speech/language therapy
- ◆ Vision

➤ For help, call **1-888-IAK-IDS1 (888-425-4371)** or go to: <http://www.earlyaccessiowa.org>.

## **Community Mental Health Centers**

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Medicaid may cover services by a psychiatrist, psychologist, social worker or psychiatric nurse. The provider must be on the staff of a DHS-certified community mental health center.

## **Estate Recovery Program**

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Estate recovery means that after your death the state will try to get back the cost of your medical bills that Medicaid paid. The state will collect from the assets you have at the time of your death. Estate recovery applies to all persons who get Medicaid on or after July 1, 1994, and are age 55 or older or who live in a medical facility and will most likely not be able to return home.

## **Federally Qualified Health Centers**

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These services are covered, with the same limits as for doctors and dentists.

## **Habilitation Services—Home- and Community-Based Services (HCBS)**

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These services are designed to meet the needs of members with a history of chronic mental illness. A team led by a case manager will write a comprehensive service plan identifying needed services.

Covered services include:

- ◆ Home-based habilitation
- ◆ Day habilitation
- ◆ Pre-vocational services
- ◆ Supported employment

## **Health Insurance Premium Payment (HIPP)**

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This program helps Medicaid members get or keep health insurance. HIPP helps by paying for the insurance premium. To qualify for HIPP:

- ◆ You or someone in your home must have Medicaid.
- ◆ You must have health insurance or be able to get it through your employer.
- ◆ The health insurance must be cost-effective.

### **AIDS/HIV Health Insurance Premium Payment (HIPP)**

The AIDS/HIV HIPP program helps people living with AIDS/HIV-related illness. It pays their health insurance premiums when they become too ill to work. To qualify for services under the AIDS/HIV HIPP program, the person must:

- ◆ Not qualify for Medicaid
  - ◆ Be a resident of Iowa
  - ◆ Provide a doctor's certification that the person cannot work because of AIDS or HIV-related illness
  - ◆ Be the health insurance plan policy holder or a dependent on the spouse's plan
  - ◆ Have "liquid" assets (cash, stocks, bank accounts, etc.) of less than \$10,000
  - ◆ Meet the income limits
- To apply or contact HIPP, call **1-888-346-9562** toll-free, or email [hipp@dhs.state.ia.us](mailto:hipp@dhs.state.ia.us), or go to <http://www.dhs.state.ia.us/hipp>.

## **Intermediate Care Facilities for Persons with Mental Retardation and Related Conditions (ICF/MR)**

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An ICF/MR provides 24-hour care and services for persons with mental retardation or other related conditions.

- ◆ Services must be provided in a licensed facility setting.
  - ◆ Persons must first be eligible for Medicaid and approved by the Iowa Medicaid Enterprise Medical Services.
- Contact the DHS local office to learn more about this program.

## **Iowa Plan for Behavioral Health**

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Most Medicaid members are enrolled in the Iowa Plan for Behavioral Health (Iowa Plan). The Iowa Plan is a statewide managed care program for mental health services and substance abuse treatment. Ask about the Iowa Plan toll-free at **1-800-317-3738**.

If you are enrolled in the Iowa Plan:

- ◆ You have the right to know how to get these Medicaid benefits.
- ◆ You will receive an information packet soon after you qualify for Medicaid.
- ◆ You can call the toll-free number if you have questions about mental health or substance abuse services.

To find a provider through the Iowa Plan, call the toll-free number for a list of providers. Or you may go directly to a provider to get care. Show your Medicaid card to the provider so the provider can check to see if you are in the Iowa Plan.

If your provider is not part of the Iowa Plan, the provider may want to join or refer you to another provider.

In a mental health or substance abuse emergency, go directly to a hospital emergency room to be evaluated for appropriate care and treatment.

## **Local or Area Education Services**

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Medicaid may cover these services provided by local or area education agencies:

- ◆ Physical therapy
- ◆ Occupational therapy
- ◆ Speech therapy
- ◆ Mental health services
- ◆ Hearing services
- ◆ Nursing Services

## **Managed Health Care**

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If you are an Iowa Medicaid member and live in a county where there is Managed Health Care, you may be required to join a plan. This does not take away any Medicaid benefits. You may choose either a health maintenance organization (HMO) or a MediPASS doctor. IME will assign a provider if you do not choose.

With managed health care:

- ◆ You have a primary care doctor.
- ◆ You build a doctor–patient relationship.
- ◆ When you need medical services, you have a phone number to call and a doctor and staff who know you.
- ◆ You get the medical care you need from your own doctor instead of from an impersonal emergency room or a doctor you don't know.
- ◆ It's easier for you and your children to get preventive services to stay healthy—things like shots for children and a yearly PAP and pelvic exam for women.

Managed Health Care changes the way you get some medical services, so be sure to read about your choices and how to get Medicaid services in Managed Health Care. You will get more written information once you choose (or are assigned if you don't choose).

- Call Member Services workdays from 8:00 a.m. to 5:00 p.m. at **1-800-338-8366**, or **1-515-256-4606** in the Des Moines area.

You can also call if you have any problems after you are enrolled or if you want to change your enrollment. You may ask for a change if you're not happy with your choice or if your circumstances change (for example, if you move or your doctor retires).

### **Program for All-Inclusive Care for the Elderly (PACE)**

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PACE helps Medicaid members stay healthy and live in the community as long as possible.

A PACE program will coordinate and provide all preventive, primary, in-home acute and long-term care services for persons age 55 and older.

- Contact Member Services workdays from 8:00 a.m. to 5:00 p.m. at **1-800-338-8366**, or **1-515-256-4606** in the Des Moines area to tell you if you live in a county that has a PACE program. The Member Services representative will give you contact information for the PACE program.